

A successful surgery requires a partnership between you and Dr. Butterfield

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. Butterfield. This is essential to your health and safety.

### THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your decision to have surgery and your actual surgical date. During this time there are several important considerations:

**Practice proper fitness:** You need not engage in an aggressive or new fitness routine; however practicing good fitness habits is an important factor in your overall health and well-being. Stretching exercises and low-weight strength training now, can help to enhance your posture and your strength in the weeks following surgery.

**Good nutrition.** Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also, begin taking a multi-vitamin daily.

**Stop smoking.** Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 6 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 6 weeks prior to surgery.

**Lead a healthy lifestyle.** In the weeks prior to surgery maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your surgery being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.

**Prepare and plan.** Schedule any time off of work, and any support you will need at home in the days following surgery, including housework, childcare, shopping and driving. Make certain a responsible adult is enlisted and confirmed to drive you to and from surgery, and that someone is confirmed available to stay with you around the clock for 24 hours, following surgery.

**Relax and enjoy life.** Stress and anxiety over life's daily events, and even your planned surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery is something you must discuss with our office. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.

**TWO to THREE WEEKS BEFORE SURGERY**

This is an important planning and preparation time. Follow all of the skincare and health habits you have begun in addition to the following:

\_\_\_\_\_ **Prepare and plan:** Put your schedule together for the day before, day of and first few days following the procedure. Share this with all of your key support people.

\_\_\_\_\_ **STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:**

- |                                                                              |                                                          |
|------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Aspirin and medications containing aspirin          | <input type="checkbox"/> Garlic Supplements              |
| <input type="checkbox"/> Ibuprofen and anti-inflammatory agents (all NSAIDs) | <input type="checkbox"/> Green Tea or green tea extracts |
| <input type="checkbox"/> Vitamin E                                           | <input type="checkbox"/> St. John's Wort                 |
| <input type="checkbox"/> Coumadin/Warfarin (discuss with office)             | <input type="checkbox"/> Estrogen supplements            |
|                                                                              | <input type="checkbox"/> All other medications indicated |

\_\_\_\_\_ **Pre-operative clearance and information:** The pre-admission testing office of the hospital will contact you between 2 and 10 days prior to your operation. They will offer you the choice of having a history and physical performed by the hospital staff or by your primary care physician. This choice is entirely up to you. If your PCP completes the history and physical, the paperwork should be faxed to the hospital, as well as any laboratory tests. The history and physical form is included in the pre-operative packet. Simply give this paperwork to your PCP to complete.

\_\_\_\_\_ **Fitness:** Don't over-do it. Avoid anything strenuous or that could potentially cause injury.

\_\_\_\_\_ **Good nutrition:** Continue taking your supplements as directed.

\_\_\_\_\_ **NO SMOKING:** Stay away from second-hand smoke, too. Your healing and health depend heavily on this.

\_\_\_\_\_ **Avoid sun exposure:** Sun damaged skin can more readily produce irregular scars.

**ONE WEEK BEFORE SURGERY**

\_\_\_\_\_ **Confirm your day of surgery plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).

**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.

- |                                                                                                                                                                                              |                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Prescriptions</b> (have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping).                       | <input type="checkbox"/> <b>Germ-inhibiting soap</b> , such as Dial, Safeguard, or Lever 2000 (to bath with prior to surgery in order to minimize germs).                                                                    |
| <input type="checkbox"/> <b>Tylenol</b> (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"/> <b>Frozen peas</b> (only for those patient undergoing facial procedures). 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 type="checkbox"/> <b>Multivitamin</b> (to take prior to surgery and during your recovery for maximum health).                                                                         | <input type="checkbox"/> <b>Bacitracin ointment</b> and <b>4x4 gauze</b> (to cover incisions with for the first week or so).                                                                                                 |
| <input type="checkbox"/> <b>Hydrogen peroxide</b> and <b>Q-tips</b> (to clean around drains).                                                                                                | <input type="checkbox"/> <b>Stool softener</b> (e.g. Colace) and <b>laxative</b> (e.g. Dulcolax).                                                                                                                            |
| <input type="checkbox"/> <b>Consider renting an electric lift chair</b> , if you are having a tummy tuck, buttock lift, or lower body lift. The office will be happy to assist you with this |                                                                                                                                                                                                                              |

\_\_\_\_\_ **Continue to practice healthy habits**, nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. **No smoking.**

\_\_\_\_\_ **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained in the day or two following surgery.

\_\_\_\_\_ **Relax.** Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

**ONE DAY BEFORE SURGERY**

\_\_\_\_\_ **Pack your bag for the day of surgery.** This should include:

- |                                                                 |                                                            |
|-----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> All paperwork                          | <input type="checkbox"/> Reading Glasses                   |
| <input type="checkbox"/> Your identification                    | <input type="checkbox"/> Chapstick                         |
| <input type="checkbox"/> All prescription medications           | <input type="checkbox"/> Saltines in case of nausea during |
| <input type="checkbox"/> Your post-surgical compression garment | your ride home                                             |

\_\_\_\_\_ **Expect a pre-anesthesia call to review your state of health for surgery**

\_\_\_\_\_ **Confirm your route to and from surgery or the recovery center, with the responsible adult who will drive you.** Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.

\_\_\_\_\_ **Shower as directed.** Use an anti-bacterial, fragrance-free soap, such as Lever 2000 or dial. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.

\_\_\_\_\_ **Wax or shave.** It may be uncomfortable to do so in the days immediately after surgery.

\_\_\_\_\_ **Do not eat or drink anything after 12 pm.** No candy, gum or mints. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery.

\_\_\_\_\_ **RELAX!** Get plenty of rest and avoid unnecessary stress.

**THE DAY OF SURGERY**

\_\_\_\_\_ **NOTHING by mouth.** Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, mints.

\_\_\_\_\_ **Dress appropriately.**

- **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing:** (If there is something you cannot remove, let the admitting nurse know right away.)
- **Wear comfortable, clean, loose-fitting clothing:** Do not wear jeans or any tight-fitting bottom; rather have a pair of loose, drawstring sweatpants to wear home. Wear slip on, flat shoes with a slip proof sole; no heels. Wear clean cotton socks, as the operating room can feel cool. For your comfort, wear a zip or button front top. No turtlenecks.

I look forward to seeing you prior to surgery in the same day surgery area of the hospital. If you have any last minute questions, we will have time to discuss them. I will also be marking you for surgery at that time.

Date of Birth: \_\_\_\_\_

Date to be admitted: \_\_\_\_\_

Reason for procedure: \_\_\_\_\_

**History of Present Illness:**

**Past History (Psycho/Social History):**

**Drug or Other Significant Allergies:**

**CURRENT MEDICATIONS (including ASA):**

All "Yes" answers require amplification or comment

	YES	NO	Comment
Diabetes			
History of Steroid Treatment			
Bleeding Tendency			
Weight Loss			
Smoking:			
Currently smoking			
History of smoking			
Review of Systems:			
Pain or discomfort			
Cardiovascular:			
Chest Pain			
History of MI			
Syncope			
Other Pertinent symptoms			
Respiratory:			
Effort Intolerance			
History of Asthma			
Cough			
Other Pertinent symptoms			
Cardiovascular:			
Chest Pain			
History of MI			
Syncope			
Other Pertinent symptoms			
Neurological:			
History of Transient neurological symptoms			
Other Pertinent symptoms			
Gastrointestinal:			
Abdominal Pain			
Nausea			
History of Hepatitis			
Other Pertinent symptoms			
Reproductive:			
Other Pertinent symptoms			Last Menstrual Period Date:
Other: (musculoskeletal, endocrine, GU, etc.)			

**Physical Examination**

--

<b>GENERAL APPEARANCE:</b>	<b>BP:</b>		
	<b>PULSE:</b>		
	<b>RESP:</b>		
	<b>TEMP:</b>		
<b>HEENT:</b>			
<b>NECK:</b>		<b>YES</b>	<b>NO</b>
	<b>Bruits</b>		
<b>CHEST &amp; LUNGS</b>			
<b>BREASTS:</b>			
<b>HEART:</b>		<b>YES</b>	<b>NO</b>
	<b>Murmur</b>		
<b>ABDOMEN:</b>			
<b>PELVIC/RECTAL INGUINO-GENITAL:</b>			
<b>EXTREMITIES:</b>		<b>YES</b>	<b>NO</b>
	<b>Venous Stasis</b>		
<b>NEUROLOGICAL:</b>			
<b>ASSESSMENT/CONCLUSION:</b>			

**RISK ASSESSMENT: ASA CRITERIA (Circle one)**

1. Normal healthy patient      2. Mild disease, no functional impairment      3. Severe systemic disease  
4. Disease is constant threat to life      5. Moribund, not expected to recover

**Signature:** \_\_\_\_\_ **Name Printed:** \_\_\_\_\_  
**Date of Examination:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Re-assessment: Patient identified, chart reviewed, condition unchanged. Appropriate to proceed with planned sedation.**  
Physician initials \_\_\_\_\_ Date: \_\_\_\_\_

**THE JEWISH HOSPITAL PREADMISSION TESTING PROTOCOLS**

TEST	CRITERIA
<b>History and Physical</b>	<b>All patients need a current health screening updated within 30 days</b>
<b>Hemoglobin</b>	<b>History of Anemia History of bleeding, i.e.: Hematuria, vaginal bleeding All patients who receive type and screens</b>
<b>Basic Metabolic Panel</b>	<b>Patients with renal disease. (BMP as close to day of surgery as possible) Patients taking steroids. (BMP within 30 days)</b>
<b>Blood Sugar</b>	<b>Patients who are diabetic</b>
<b>Potassium Level</b>	<b>Patients taking potassium depleting diuretics *see listing below Patients taking digitalis</b>
<b>Coag profile</b>	<b>Patients recently undergoing chemotherapy Hepatic Disease Bleeding Disorder Anticoagulant therapy taken within the last three days.</b>
<b>Blood levels of therapeutic drugs</b>	<b>Digitalis Lithium Seizure medications, ie: tegretol, dilantin, Phenobarbital Theophylline, depakene (if using for a seizure disorder)</b>
<b>EKG – if EKG available and patient’s health status has not changed since reading, do not repeat</b>	<b>Patients with cardiac and peripheral vascular disease, history of dysrhythmias, hypertension, MVP, Graves Disease, Diabetes Morbid obesity (BMI &gt; 40) Thoracotomy surgery. Surgery planned for greater than 3 hours.</b>
<b>CXR</b>	<b>Patients with acute pulmonary symptoms.</b>
<b>Urine Pregnancy test</b>	<b>Performed on day of surgery for females with onset of menses up to one year post menses.</b>
<b>Type and Screen</b>	<b>According to blood bank protocol.</b>

**DIURECTICS THAT REQUIRE SERUM POTASSIUM LEVELS**

**Thiazide and Thiazide-like Diurectics**

**DIURIL – chlorothiazide  
HYDRODIURIL – hydrochlorothiazide  
NATURETIN – bendroflumethiazide  
ENDURON – methyclothiazide  
EXNA – benzthiazide**

**METAHYDRIN - trichlormethiazide  
RENESE - polythiazide  
HYDROMOX - quinethazone  
ZAROXOLYN - metolazone  
HYGROTON - chlorthalidone  
DIUCARDIN - hydroflumethiazide**

**Loop diurectics**

**LASIX – furosemide  
BUMEX – bumetanide  
EDECIN – ethacrynic acid  
DEMEDEX - torsemide**

THE CHRIST HOSPITAL  
CINCINNATI, OHIO 45219  
HISTORY AND PHYSICAL EXAMINATION  
R-54A REV. 7/99  
PAGE 1 OF 2

ADMITTING/TESTING FAX # 585-1273

DATE OF EXAM \_\_\_\_\_

REASON FOR ADMISSION/INDICATION FOR PROCEDURE: \_\_\_\_\_

HISTORY OF PRESENT ILLNESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRUG OR OTHER SIGNIFICANT ALLERGIES: \_\_\_\_\_

FAMILY AND SOCIAL HISTORY: \_\_\_\_\_

PAST HISTORY: \_\_\_\_\_

DIABETES: no \_\_\_ yes \_\_\_; Hx. Steroid Rx: no \_\_\_ yes \_\_\_; Hx. of Diuretic Rx: no \_\_\_ yes \_\_\_  
Bleeding Tendency: no \_\_\_ yes \_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

ALL YES ANSWERS REQUIRE COMMENT:

R.O.S: Pain or Discomfort no \_\_\_ yes \_\_\_ specify  
Weight loss: no \_\_\_ yes \_\_\_

CARDIOVASCULAR:  
Chest pain no \_\_\_ yes \_\_\_  
Hx of MI no \_\_\_ yes \_\_\_  
Syncope no \_\_\_ yes \_\_\_  
Hx. of Deep Vein Thrombosis no \_\_\_ yes \_\_\_  
Other pertinent sx. no \_\_\_ yes \_\_\_

RESPIRATORY:  
Hx of Asthma no \_\_\_ yes \_\_\_  
Cough no \_\_\_ yes \_\_\_  
Smoke no \_\_\_ yes \_\_\_  
Other pertinent sx. no \_\_\_ yes \_\_\_

NEUROLOGICAL:  
Hx. of transient neurological sx. no \_\_\_ yes \_\_\_  
Other pertinent symptoms no \_\_\_ yes \_\_\_

RENAL:  
HX: Kidney or bladder disease no \_\_\_ yes \_\_\_  
Other pertinent symptoms no \_\_\_ yes \_\_\_

GASTROINTESTINAL:  
Abdominal pain no \_\_\_ yes \_\_\_  
Nausea no \_\_\_ yes \_\_\_  
Hx of Hepatitis no \_\_\_ yes \_\_\_  
Alcohol use no \_\_\_ yes \_\_\_  
Other pertinent sx: no \_\_\_ yes \_\_\_

REPRODUCTIVE:  
Last Menstrual Period Date:

OTHER: (Musculoskeletal, endocrine, GU etc) \_\_\_\_\_

PHYSICAL EXAMINATION:

TEMP ____	PR ____	RESP ____	BP ____
-----------	---------	-----------	---------

GENERAL APPEARANCE:

MENTAL STATUS:

HEENT:

NECK:

Bruits: no \_\_\_\_ yes \_\_\_\_

CHEST AND LUNGS:

Breasts

HEART:

Murmur: no \_\_\_\_ yes \_\_\_\_

ABDOMEN:

PELVIC/RECTAL/INGUINO GENITAL:

EXTREMITIES:

Venous Stasis no \_\_\_\_ yes \_\_\_\_

NEUROLOGICAL:

DIAGNOSIS \_\_\_\_\_

ASSESSMENT/PLAN:

SIGNATURE: \_\_\_\_\_ NAME PRINTED: \_\_\_\_\_

# INFORMED CONSENT – BREAST AUGMENTATION

## **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you about augmentation mammoplasty surgery with silicone gel-filled implants, its risks, as well as alternative treatment(s).

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 and agreed upon by you.

## **GENERAL INFORMATION**

Augmentation mammoplasty is a surgical procedure performed to enlarge the breasts for a number of reasons:

- To enhance the body contour of a woman, who for personal reasons feels that her breast size is too small.
- To correct a loss in breast volume after pregnancy.
- To balance breast size, when there exists a significant difference between the size of the breasts.
- To restore breast shape after partial or total loss of the breast(s) for various conditions.
- To replace existing breast implants for cosmetic or reconstructive reasons.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals who are currently pregnant or nursing. Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or have reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and a poor surgical outcome. According to the USFDA, a woman should be at least 18 years of age for cosmetic breast augmentation with saline implants, and at least 22 years of age for cosmetic breast augmentation with silicone gel implants.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue, or partially or completely under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under the breast, around the lower part of the areola, or in the armpit. When breast implants are inserted during the breast reconstruction process, tissue expanders are used to stretch healthy skin in order to provide coverage for a breast implant. Breast implants are manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, along with surgical approach for inserting and positioning breast implants, will depend on your preferences, your anatomy and your surgeon's recommendation. 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.

Conditions that involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift) to reposition the nipple and areola upward and to remove loose skin.

Patients undergoing augmentation mammoplasty surgery must consider the following:

- Breast augmentation or reconstruction with silicone gel-filled implants may not be a one-time surgery.
- Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.
- Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.

## **INFORMED CONSENT – BREAST AUGMENTATION**

### **ALTERNATIVE TREATMENTS**

Augmentation mammoplasty with silicone gel-filled implants is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or use of external breast prostheses or padding, saline-filled implants, or the transfer of other body tissues to enlarge/rebuild breast size. Risks and potential complications are also associated with alternative surgical forms of treatment.

### **RISKS OF AUGMENTATION MAMMAPLASTY 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. Additional information concerning breast implants may be obtained from the USFDA, package-insert sheets supplied by the implant manufacturer, or other information pamphlets required by individual state laws.

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 your plastic surgeon to make sure you understand all possible consequences of breast augmentation. Problems associated with breast implants can be inherent to this type of implanted medical device or relate to complications of a surgical procedure. Additional advisory information regarding this subject should be reviewed by patients considering surgery that involves breast implants.

While every patient experiences her own individual risks and benefits following breast implant surgery, clinical data suggests that most women will be satisfied with the outcome of breast implant surgery despite the occurrence of problems inherent with the surgery.

### **Inherent Risks of Silicone Gel-Filled Breast Implants**

**Implants-** Breast implants, similar to other medical devices, can fail. When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intracapsular rupture). In some cases, the gel may escape beyond the capsule layer and go into the breast tissue itself (extracapsular rupture and gel migration). Rupture of a breast implant may or may not produce local firmness in the breast. Rupture can occur as a result of an injury, from no apparent cause (silent rupture), or during mammography. It is also possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants. A MRI (magnetic resonance imaging) study may be necessary to evaluate the possibility of implant rupture, yet it may not be 100% accurate in diagnosing implant integrity.

### **Inherent Risks of Saline-Filled Breast Implants**

**Implants-** Breast implants, similar to other medical devices, can fail. When a saline-filled implant ruptures, the saline material is absorbed by the body, but the shell material remains. Rupture can occur as a result of an injury, from no apparent cause (silent rupture), or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants. A MRI (magnetic resonance imaging) study may be necessary to evaluate the possibility of implant rupture or deflation, yet may not be 100% accurate in diagnosing implant integrity. Saline-filled breast implants may not have the same contour or feel as silicone-filled breast implants. The shape of your breasts after surgery depends on many factors such as your skin thickness, position, placement of the implants, and technique. You should discuss with your surgeon the possibility of a different and less than desirable contour-shape as well as feel of your result.

### **Inherent Risks of ALL Breast Implants**

**Capsular Contracture-** Scar tissue, which forms internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The

## INFORMED CONSENT – BREAST AUGMENTATION

incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. It is more common with implant placement in front of the chest muscle layer. Treating capsular contracture may require surgery, implant replacement, or implant removal. **Capsular contracture may reoccur after surgical procedures to treat this condition.**

**Implant Extrusion / Tissue Necrosis**- Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, due to smoking, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur.

**Skin Wrinkling and Rippling**- Visible and palpable wrinkling of implants and breast skin can occur. Some wrinkling is normal and expected with silicone gel-filled breast implants. This may be more pronounced in patients who have silicone gel-filled implants with textured surfaces or thin breast tissue. Palpable wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated.

**Calcification**- Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

**Chest Wall Irregularities**- Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants. 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 it can be surgically corrected.

**Implant Displacement and Tissue Stretching**- Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape (visible rippling of the skin). Unusual techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.

**Surface Contamination of Implants**- Skin oil, lint from surgical drapes, or talc may become deposited on the surface of the implant at the time of insertion. The consequences of this are unknown.

**Unusual Activities and Occupations**- Activities and occupations that have the potential for trauma to the breast could potentially break or damage breast implants or cause bleeding/seroma.

**Silicone Gel Bleed**- Over time, small amounts of silicone gel material can pass through the shell layer of the implant and coat the outside of the implant. This may contribute to capsular contracture.

### **Inherent Surgical Risk of Breast Implant Surgery**

**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. Intra-operative blood transfusion may also be required. Hematoma may contribute to capsular contracture, infection or other problems. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury to the breast. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

## INFORMED CONSENT – BREAST AUGMENTATION

**Seroma**- Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants. This may contribute to infection, capsular contracture, or other problems.

**Infection**- Although infection is unusual after this type of surgery, it may appear in the immediate post-operative period or at any time following the insertion of a breast implant. Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. After the infection is treated, a new breast implant can usually be reinserted. It is extremely rare that an infection would occur around an implant from a bacterial infection elsewhere in the body, however, prophylactic antibiotics may be considered for subsequent dental or other surgical procedures. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after breast implant surgery. Individuals with an active infection in their body or weakened immune system should not undergo breast augmentation.

**Scarring**- All surgery leaves scars, some more visible than others. Excessive scarring is uncommon. 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. 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.

**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.

**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 in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Thrombosed Veins**- Thrombosed veins, which resemble cords, occasionally develop in the area of the breast and usually resolve without medical or surgical treatment.

**Pain**- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after breast implant surgery. Pain may be the result of improper implant size, placement, surgical technique, capsular contracture, or sensory nerve entrapment or injury. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

**Skin Discoloration / Swelling**- Some bruising and swelling normally occurs after breast augmentation. 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**- Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

**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 attempt improvement of asymmetry after a breast augmentation.

**Change in Nipple and Skin Sensation**- You may experience a diminished (or loss) of sensitivity of the nipples and the skin of your breast. Partial or permanent loss of nipple and skin sensation may occur. Changes in sensation may affect sexual response or the ability to breast feed a baby.

**Damage to Deeper Structures**- There is the potential for injury to deeper structures including nerves, blood vessels and muscles and lungs (pneumothorax) during this surgical procedure. The potential for

## INFORMED CONSENT – BREAST AUGMENTATION

this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

**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 wound healing and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

**Cardiac and Pulmonary Complications-** Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. 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 swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. 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 after surgery, seek medical attention immediately

**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.

### **Additional Advisories Regarding Breast Implant Surgery**

**Breast Disease-** Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Individuals with a personal history or family history of breast cancer may be at higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. Care must be exercised during breast biopsy procedures to avoid damaging the breast implant.

**Mammography-** Breast implants may make mammography more difficult and may obscure the detection of breast cancer. Any breast implant can impair the detection of breast cancer, regardless of the type of implant or where it is placed in relation to the breast. Implant rupture can occur from breast compression during mammography. Inform your mammography technologist of the presence of breast implants so that appropriate mammogram studies may be obtained. Patients with capsular contracture may find mammogram techniques painful and the difficulty of breast imaging will increase with the extent of contracture. Ultrasound, specialized mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implant(s). Because more x-ray views are necessary with specialized mammography techniques, women with breast implants will receive more radiation than women without implants who receive a normal exam. However, the benefit of the mammogram in finding cancer outweighs the risk of additional x-rays. Patients may wish to undergo a preoperative mammogram and another one after implantation to establish a baseline view of their breast tissue. You may be advised to undergo a MRI study in the future to verify the condition of your breast implants inside your body.

**Second-Generation Effects-** A review of the published medical literature regarding the potential damaging effect on children born of mothers with breast implants is insufficient to draw definitive conclusions that this represents a problem.

**Breast Feeding-** Breast milk is the best food for babies. Many women with breast implants have successfully breast fed their babies. It is not known if there are increased risks in nursing for a woman with breast implants. A study measuring elemental silicon (a component of silicone) in human breast milk did not indicate higher levels from women with silicone-filled gel implants when compared to women without implants. Cow's milk contains higher levels of elemental silicon as compared to human milk. Implant placement techniques that involve incisions through the nipple and areola locations may reduce

## INFORMED CONSENT – BREAST AUGMENTATION

the ability to successfully breast feed. If a woman has undergone a mastectomy, it is unlikely that she would be able to breast feed a baby on the side where the breast was removed.

**Long-Term Results-** Subsequent alterations in breast shape may occur as the result of aging, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your augmentation mammoplasty. Breast sagginess may normally occur.

**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 surgery. Asymmetry in implant placement, displacement, nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. It may be necessary to perform additional surgery to improve your results, change implant size or remove and not replace implants.

**Removal / Replacement of Breast Implants-** Future revision, removal, or replacement of breast implants and the surrounding scar tissue envelope involves surgical procedures with risks and potential complications. There may be an unacceptable appearance of the breasts following removal of the implant.

**Capsule Squeeze Procedures-** Closed capsulotomy, the process of forcefully squeezing the fibrous capsule around a breast implant to break up scarring is not recommended. This may result in rupture of the breast implant, gel migration, bleeding, or other complications.

**Immune System Diseases and Unknown Risks-** A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date, after several large epidemiological studies of women with and without implants, there is no scientific evidence that women with either saline-filled or silicone gel-filled breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than those women without implants. The effect of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown. There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

**Breast and Nipple Piercing Procedures-** Individuals with breast implants seeking to undergo body piercing procedures to the breast region must consider the possibility that an infection could develop anytime following this procedure. Should an infection occur, it is possible that it could spread to the breast implant space. Treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. Individuals who currently wear body-piercing jewelry in the breast region are advised that a breast infection could develop.

**Interference with Sentinel Lymph Node Mapping Procedures-** Breast augmentation procedures (periareolar or transmammary) that involve cutting through breast tissue, similar to a breast biopsy in order to place breast implants, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer. If this is a concern, individuals considering breast augmentation by these approaches may elect to consider another surgical approach (inframammary or standard periareolar).

**Large Volume Breast Augmentation-** Patients who request an outcome of augmentation mammoplasty that produces disproportionately large breast size must consider that such a choice can place them at risk for a less than optimal long-term outcome and the need for re-operation and additional expenses. The placement of excessively-sized breast implants that exceed the normal dimensions of the breast produces irreversible tissue thinning, implant drop out, and visible/palpable rippling.

**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.

## INFORMED CONSENT – BREAST AUGMENTATION

Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, 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.

**Breast Implant Technology / Technologic Improvements in Breast Implants-** The technology of breast implant design, development and manufacture will continue to progress and improve. Newer or future generations of implants may be better in some way from those currently available.

**Female Patient Information-** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect that you are pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Medications-** There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician 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 your plastic surgeon 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.

### **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 and delayed healing. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, 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 your physician 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 breast augmentation surgery. It is unknown how your breast tissue may respond to implants or how wound healing will occur after surgery. Secondary surgery may be necessary at some unknown time in the future to replace your breast implants or to improve the outcome of breast augmentation surgery. You may elect to or be advised to have your breast implants removed and not replaced in the future. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast augmentation 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

## INFORMED CONSENT – BREAST AUGMENTATION

### **PATIENT COMPLIANCE**

Follow all physician 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 must be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. 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 around implants and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

### **REGULATORY MATTERS**

According to USFDA regulations, you must comply with the submission of personal information to a device registry before surgery and afterwards.

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations such as a breast augmentation 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 due to complications of cosmetic surgery.

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient 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. 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. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. You may be advised some time in the future to have a MRI (magnetic resonance imaging) scan to determine the condition of your breast implants. You would be responsible for future costs of such imaging studies. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

### **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. Your plastic surgeon may provide you with additional or different information that 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.

**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. Jennifer Butterfield and such assistants as may be selected to perform the following procedure or treatment:

## **AUGMENTATION MAMMAPLASTY**

I have received the following information sheet:

### **INFORMED-CONSENT FOR SILICONE GEL-FILLED BREAST AUGMENTATION (AUGMENTATION MAMMAPLASTY) 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 involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. 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.
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 that may be removed.
8. I consent to the utilization 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 utilization.
9. I authorize the release of my Social Security number and other personally identifying data to appropriate agencies for legal reporting and medical-device registration.
10. 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, further expenditure will be required.
11. I realize that not having the operation is an option.
12. 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 (1-12). I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_

## Post-Surgical Instructions: Breast Augmentation with Silicone Implants

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

### TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms of breast surgery and signs to watch for following surgery with silicone implants include the following:

**Tightness in the chest region and stiffness: Tingling, burning or intermittent shooting pain.** These are normal experiences as the skin, muscles and tissue stretch to accommodate your implants, and as sensory nerves heal. Pain medication and muscle relaxants will help you cope with any discomfort. If you have drains, you may experience additional localized discomfort. **Consistent sharp pain should be reported to our office immediately.**

**Hypersensitivity of nipples or lack of sensitivity:** This is normal and will gradually resolve over time. You may also experience a small amount of fluid or milk seeping through the nipples. **If this becomes painful or excessive notify our office immediately.**

**A feeling of heaviness:** It is normal for your chest to feel heavy as you adjust to your implants. This will subside within 2-4 weeks following surgery.

**Shiny skin or any itchy feeling:** Swelling can cause the breast's skin to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling of the breasts. An antihistamine like Benadryl can help to alleviate severe, constant itchiness. **If the skin becomes red and hot to the touch, contact our office immediately.**

**Asymmetry, the breasts look different, or heal differently.** Breasts may look or feel quite different from one another in the days following surgery. This is normal. Although no two breasts in nature or following surgery are perfectly symmetrical, breast massage and time will produce breasts that are similar in shape, position and size.

**A sloshing sound or sensation:** This is not the result of your implant filler, but rather of air that is trapped in the implant pocket and fluid that may naturally accumulate. This is perfectly normal and will resolve within 2-4 weeks.

### CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A high fever, (over 101.5°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Bright red skin that is hot to the touch.
- Excessive bleeding or fluid seeping through the incisions.
- A severely misshapen breast or bruising that is localized to one breast or region of the chest.

To alleviate any discomfort, and to reduce swelling, you may apply cool, not cold compresses to the treated region. Do not apply ice or anything frozen directly to the skin. Apply cool compresses, for no longer than 20-minute intervals.



## Post-Surgical Instructions: Breast Augmentation with Silicone Implants

### TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. You may resume driving after 1 week and we will discuss clearance to return to work at your first post-operative visit.

- **Continue to cleanse wounds as directed; you may shower.** Take a warm, not hot shower. Do not take a bath. Limit your shower to 10 minutes. Apply a fragrance free moisturizer to breast and surrounding skin, however not on your incisions.
- **Take antibiotic medications and supplements as directed.** Take pain medication and muscle relaxants only as needed. You may wish to switch from prescriptive pain medication to acetaminophen.
- **Continue your breast massage. Wear your bra around the clock.**
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

### ONE to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Continue your breast massage and wound care as directed.**
- **Refrain from weight-bearing exercise.** No tennis, golf, softball or other sports with similar swinging motions. Avoid aerobic exercise that may cause a lot of bounce. You may begin range of motion exercises but not with any weight, pressure or resistance of any kind.
- **Do not smoke.** While incisions may have sealed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- **Continue to wear a proper support bra.** The bra you first wore following surgery may feel somewhat loose. You may replace it, however **no under wires for 6 weeks**. You may sleep without a bra; however a camisole with built-in shelf support can be comfortable and provides added support as you continue to heal.
- **You may sleep flat.** However do not sleep on your stomach. If you are a side sleeper, a soft pillow under your mid-back and shoulders may offer more comfort and support than a single pillow under your head.
- **Practice good sun protection.** Do not expose your breasts to direct sunlight. If you are outdoors, apply at least an SPF 30 to the chest area at least 30 minutes prior to sun exposure. Your chest region and breast skin are highly susceptible to sunburn or the formation of irregular, darkened pigmentation.
- **Follow-up with any breast implant manufacturer paperwork and warranty as necessary.**

## Post-Surgical Instructions: Breast Augmentation with Silicone Implants

### SIX WEEKS FOLLOWING SURGERY

Healing will progress and your breasts will settle into a more final shape and position.

- **You may ease into your regular fitness routine.** However realize that your upper body may require some time to return to previous strength.
- **Continue your breast massage.**
- **You may start to use scar treatments at this time** (e.g. Mederma).
- **You may resume wearing under wires,** although these are not necessary.
- **Discomfort or tightness and tingling will resolve.** Any lingering nipple sensitivity or lack of sensation should begin to greatly improve.
- **No need to resume smoking.** You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.

### YOUR FIRST YEAR

- **Continue your breast massage, and practice monthly breast self exam.**
- **Continue healthy nutrition, fitness and sun protection.**
- **Your scars will continue to refine.** If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
- **A one-year post surgery follow-up is required.** However you may call our office at any time with your concerns or for needed follow-up.
- **If your breasts develop an unusually hard feeling, or a highly rounded “squeezed” appearance, call us as soon as possible.** You may be developing capsular contracture. Early treatment is the best solution.

### YOUR SECOND, THIRD AND FOURTH YEARS

- **A two-year post surgery follow-up is required to assess the condition of your implants.** This consists of a physical examination; an MRI may be recommended if it is suspected your implant shell has been compromised. However you may call our office at any time with your concerns or for needed follow-up.

### YOUR FIFTH YEAR

- **A five-year post surgery follow-up is required to assess the condition of your implants.** This consists of a physical examination and an MRI. However you may call our office at any time with your concerns or for needed follow-up.

Remember, breast implants are not lifetime devices.

## Post-Surgical Instructions: Breast Augmentation with Silicone Implants

**If your implants should rupture, or you suspect an implant is leaking, call our office as soon as possible.**

**Your body will change with age.** The appearance of your breasts will change too. You may wish to have your implants replaced or to undergo revision surgery to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

**In addition, you should discuss antibiotic options** with our office if you plan on having any extensive dental work or any invasive procedure at any time that you have implants in your body.

**I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask Dr. Butterfield and her staff any questions I have related to these instructions or about my procedure, health and healing.**

**These instructions are not meant to be comprehensive or all-inclusive, any additional instructions will be given to you by Dr. Butterfield as needed.**

**Financial Policy Regarding Revision and Complications**

Every plastic and reconstructive surgeon has a few patients who will require revision or have some complications requiring additional surgery. As you have been or will be told, one cannot guarantee a result. In cosmetic procedures there are certain problems that will happen statistically no matter how good the care or how careful the doctor and team. Examples of problems that may be encountered are bleeding or an unfavorable scar after a surgical procedure. In both of these cases, it may be necessary to return the patient to surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring). It is our policy as a predetermined courtesy to our patients not to charge a surgeon's fee for complications or revisional surgery within 6 months from the original surgery date. We do, however, expect the patient to pay whatever other expenses arise as a result of treatment in hospital or outpatient settings. If the revisional surgery occurs in our office facility, the patient is responsible for the expense of the facility and anesthesia. Sometimes the patient will have insurance that will cover these revisions or complications. It depends upon the individual policy and how it is written. When a person does have insurance, the insurance company is billed for the surgeon's fee as well as the facility fees. All patient copays and deductibles will apply.

We hope that no complication arises and no revisional surgery is necessary in your case. However, no plastic surgeon can guarantee this to patients. It is important for the patient undergoing an elective surgical procedure to understand this financial policy. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

**Policy Regarding Employer Paperwork**

Many patients have forms that must be completed by Dr. Butterfield or our office to verify surgery dates, length of absence from work, work restrictions and expected return to work date. Many employers require multiple forms with ongoing updates. We understand our patients need to comply with their employer's human resource requirements. With regret the volume and complexity of the required paperwork makes it necessary for our office to charge a fee for this service. For those patients with human resource requirements each surgery will be assessed a \$20.00 fee for completion of all forms. All spouse paperwork will also be assessed a \$20.00 fee.

Please ensure all forms are in our office at least two weeks prior to your employers due date marked "Attention Nurse – Employer Forms". Include the address or fax number where all completed forms are to be returned, due date and your contact information should questions arise. The \$20.00 fee may be paid to the receptionist at the time of your pre operative appointment.

My signature below, indicates that I understand and agree to the above policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_